

Utah Department of Health, Child Care Licensing Program  
**CHILD CARE LICENSOR / INSPECTION EVALUATION (1.5 A4 3/12)**

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**Facility/Provider Name:** \_\_\_\_\_

**Facility Type:** ☐ Licensed Family   ☐ Residential Certificate   ☐ Center   ☐ Hourly Center   ☐ Out of School Time

**Date of Visit:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Purpose:** ☐ Inspection   ☐ Follow-up   ☐ Complaint   ☐ Other, please specify: \_\_\_\_\_

**Licensors Name(s):** \_\_\_\_\_

In order to assess and improve the quality of our Licensors and inspection process, Child Care Licensing would appreciate your feedback. Please use the scale below to rate items 1 through 5. If you select a 1 or 2 rating, please give us information about why in the Comments section at the bottom of the page.

1 Strongly Disagree	2 Somewhat Disagree	3 Neutral Neither Agree nor Disagree	4 Somewhat Agree	5 Strongly Agree
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- |   |   |   |          |   |   |
|---|---|---|----------|---|---|
| 1. The Licensor was courteous and professional.   | 1 | 2 | 3        | 4 | 5 |
| 2. The Licensor clearly explained any findings of rule violations.  | 1 | 2 | 3        | 4 | 5 |
| 3. I was given adequate opportunity to give input into, and question, any findings of rule violations. The Licensor listened to my input.   | 1 | 2 | 3        | 4 | 5 |
| 4. The Licensor answered my questions in a satisfactory manner, and provided useful technical assistance.   | 1 | 2 | 3        | 4 | 5 |
| 5. If differences of opinion arose during the visit, they were either resolved during the visit, or I was given information prior to the Licensor's departure about how I could appeal the areas of disagreement. | 1 | 2 | 3 or N/A | 4 | 5 |

**Comments:** \_\_\_\_\_

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Please use the back of this page if additional space for comments is needed. Please return the evaluation in the attached envelope to:

**Child Care Licensing Program  
PO Box 142003  
Salt Lake City, Utah 84114-2003**